

(1) PLACE OF BIRTH

County of SpartanburgTownship of B.S.OR
Inc. Town ofOR
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

20130

Registration District No. 4000 Registered No. 18

(For use of Local Registrar)

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
	To be answered only in event of Twins or Triplets		<u>yes</u>	<u>June 12 1911</u> (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	<u>Doc Rivers</u>	(14) NAME BEFORE MARRIAGE	<u>Carrie Blair</u>
(9) PRESENT POSTOFFICE OF FATHER	<u>Arlington SC</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>Arlington SC</u>
(10) COLOR OR RACE	<u>W</u>	(16) COLOR OR RACE	<u>W</u>
(11) AGE AT LAST BIRTHDAY	<u>40</u> (Years)	(17) AGE AT LAST BIRTHDAY	<u>33</u> (Years)
(12) BIRTHPLACE	<u>Spartanburg Co</u>	(18) BIRTHPLACE	<u>NC</u>
(13) OCCUPATION	<u>Textile</u>	(19) OCCUPATION	<u>Domestic</u>
(20) Number of children born to mother, including present birth	<u>Eight</u>	(21) Number of children of this mother now living, including present birth	<u>Eight</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 1145 P.M. on the date above stated. (Born alive or stillborn) (Name in full P. M.)(23) (Signature) Thos. A. Wells

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed July 14 1911 (28) Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MOBAY OF COLUMBIA, COLUMBIA, S. C.